

ASSIGNMENT SHEET INFORMATION

Enclosed is page two of your wage claim form entitled “**Assignment.**”

In the “**Instructions for Filing a Wage Claim**” sent to you with the initial wage claim form, it states, “When a determination of merit has been made to a wage claim, then a separate assignment sheet will be sent for your review, signature, and immediate return to the **North Dakota Department of Labor and Human Rights, 600 E Boulevard Ave Dept 406, Bismarck, ND 58505-0340.**”

The signed assignment sheet grants the Department of Labor and Human Rights permission to pursue payment on your behalf through administrative and possible court remedies.

Please sign and return the enclosed assignment sheet within **seven working days** of the date of this letter.

Your cooperation will be appreciated. Should any questions develop, please feel free to contact the **North Dakota Department of Labor and Human Rights at 701-328-2660 or 1-800-582-8032.**

ASSIGNMENT (Please read carefully)

I hereby certify that this is a true statement of wages due me to the best of my knowledge and belief. I understand that acceptance of this claim by the Commissioner of Labor does not guarantee collection.

I hereby assign all wages and all penalties accruing because of their non-payment, all liens or actions securing them to the **Commissioner of Labor of the State of North Dakota to collect under Chapter 34-14 of the North Dakota Century Code.**

I authorize the Commissioner of Labor and deputies to receive any U.S. Currency, checks, or money orders obtained as payment on this claim, and if I do not appear at the Commissioner's office for the money paid on this claim, I hereby authorize the mailing of it at my own risk.

I hereby authorize the Commissioner of Labor to approve a proposed compromise adjustment or settlement of this claim.

If I do not request return of any papers submitted by me in connection with this final claim, I hereby authorize the Commissioner of Labor to destroy them within the applicable statute of limitations.

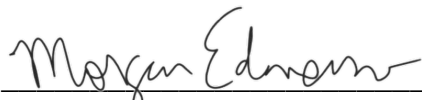
I understand that if there is a dispute, the burden of proof to substantiate the validity of my claim in the amount will be my ultimate responsibility.

The North Dakota Department of Labor and Human Rights ("Department"), for my benefit, is authorized to pursue the wage issues addressed in the Department's Wage Claim Determination. I understand it is possible that my former employer could bring a separate legal claim against me. In the event my former employer brings a separate legal claim against me, I understand that the Department cannot represent me and that I must obtain private representation. I understand that the Attorney General's office represents only the Department; the Attorney General's office does not represent me nor can it provide me with individual legal advice.

Signature of Claimant

Claim Number

Date



Investigator, ND Department of Labor and Human Rights

**NOTE: AN ASSIGNMENT WITHOUT A SIGNATURE WILL BE RETURNED
CAUSING A DELAY IN PROCESSING.**